

## **EM Procard Purchase Request**

To complete the form, click the "Fill & Sign" tool on the right

Purchase Date*	Purchaser*
Department*	Purchaser Email*
Cost Center*	Cost/Est. Cost*
Vendor*	Payment Type*
Purchase Paid*	Cardholder Name
Deposit Paid	Monthly Subscription*
Date Paid	
How was the deposit paid?	
Non-Travel Business Purpose*	
List Item(s)*  Attach receipt, quote, invoice, or backup documentation if applicable  Business Purpose*  Per University Financial Services policy, please add a clear description, including but not limited to what was purchased, and why. Requests with an incomplete description will be returned.	
To send for supervisor's signature, click "Next" in the upper right corner	
Supervisor Signature:	Date:

Attach all receipts, quotes, invoices, or backup documentation and submit to EMBudget@uky.edu